

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
191276268

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2	1						52			
3		2					53			
4	1						54			
5	1						55			
6		6					56			
7		1					57			
8		10					58			
9	1						59			
10		2					60			
11		11					61			
12		2					62			
13		2					63			
14		2					64			
15		2					65			
16	1						66			
17		11					67			
18		2					68			
19		2					69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	160		1				TOTAL IND.	1		
TOTAL DEP.	212		1				TOTAL DEP.	1		
TOTAL CLAIMS	372		1				TOTAL CLAIMS	1		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS